

Applicant(s): Philip O. Livingston and Friedhelm Helling
 Serial No. : 08/196,154
 Filed : November 16, 1995
 For : GANGLIOSIDE-KLH CONJUGATE VACCINES WITH QS-21

OCT 21 2004

Examiner: A. Holleran

Group Art Unit: 1642

COMMISSIONER FOR PATENTS
 P.O. Box 1450
 Alexandria, VA 22313-1450

October 18, 2004

S I R:

Transmitted herewith is an amendment to the above identified application.

X Small entity status of this application under 37 C.F.R. §1.9 and §1.27 has been established by a verified statement previously submitted.

A verified statement to establish small entity status under 37 C.F.R. §1.9 and §1.27 is enclosed.

X No additional fee is required.

The filing fee is calculated as follows:

	NUMBER AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		NUMBER OF EXTRA CLAIMS PRESENTED		RATE			FEE	
							SMALL ENTITY	OTHER ENTITY		SMALL ENTITY	OTHER ENTITY
Total Claims	20	-	32	=	0	X	\$9	\$18	=	\$0	\$0
Independent Claims	3	-	13	=	0	X	\$44	\$88	=	\$0	\$0
Multiple Dependent Claim(s) Presented <u> </u> Yes <u> X </u> No							\$150	\$300	=	\$0	\$0
For First Time							TOTAL ADDITIONAL FEE				
							\$0.00				

*If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 20, write "20" in this space.

**If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 3, write "3" in this space.

***If the difference between the "NUMBER AFTER AMENDMENT" and the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than "0", write "0" in the space.

10/22/2004 ZJUHR1 00000024 08196154

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490.00 OP

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Amendment Transmittal Letter
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The "HIGHEST NUMBER PREVIOUSLY PAID FOR" (Total or Independent) is the highest of the "NUMBER AFTER AMENDMENT" in any prior amendment of the number of claims as originally filed

_____ Please charge Deposit Account No. 03-3125 in the amount of \$_____. Three copies of this sheet is enclosed.

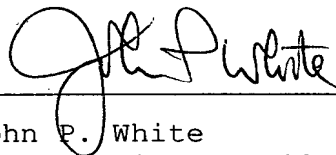
X A check in the amount of \$ 490.00 is enclosed, for a three-month extension of time.

X The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposition Account No. 03-3125. Three copies of this sheet are enclosed.

X Any filing fees under 37 C.F.R. §1.16 for the presentation of extra claims.

X Any patent application processing fees under 37 C.F.R. §1.17.

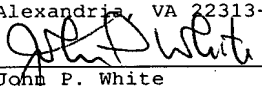
Respectfully submitted,



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I hereby certify that this correspondence is being deposited this date with the U.S. Postal Service with sufficient postage as first class mail in an envelope addressed to:

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10/18/04